FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1 (See instructions)				Office use only		
NAME OF COMMITTEE (in	full) (Ch	eck if name nanged)	Example: If typying, type over the lines	12FE4M5		
TrueDem Leac	lership Fund	1 1 1 1 1				
		1 1 1 1 1				
ADDRESS (number and	street) P.O. Boy	442				
X (Check if addris changed)	ess Toledo			OH L	43697 -	
COMMITTEE'S E-MAI	II ADDRESS		CITY▲	STATE	ZIP CODE 📥	
COMMITTEE'S WEB	PAGE ADDRESS (URL)					
		1111				
		1 1 1 1 1		<u> </u>		
COMMITTEE'S FAX N 419-472-3114	IUMBER					
2. DATE 1.1	1 / D D / Y Y 2	0 0 7 Y				
3. FEC IDENTIFICA	TION NUMBER	(C C00417865			
4. IS THIS STATEM	NEW (N)	OR	AMENDED (A)			
I certify that I have exami	ned this Statement and to th	e best of my know	vledge and belief it is true, correct a	nd complete		
Type or Print Name of	Treasurer Stev	e Katich				
Signature of Treasurer	Electronically Filed by	Steve Katio	ch	Date 111	29 / Y Y Y Y Y Y	
NOTE: Submission of fa	•	•	subject the person signing this Stat	•	es of 2 U.S.C. S437g.	
Office Use Only			For further information Federal Election Commis Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2003)	

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5.	5. TYPE OF COMMITTEE (Check One)					
	(a) This committee is a principal campaign or	ommittee. (Complete the candidate information below.)				
	(b) This committee is an authorized committee information below.)	ee, and is NOT a principal campaign committee. (Complete the	e candidate			
	Name of Candidate					
	Candidate Office Party Affiliation Sought:	House Senate President	State District			
	(c) This committee supports/opposes only on	e candidate, and is NOT an authorized committee.				
	Name of Candidate					
	(d) This committee is a	(National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.			
	(e) This committee is a separate segregated f	und				
	(f) X This committee supports/opposes more the committee.	an one Federal candidate, and is NOT a separate segregated	fund or party			
6.	6. Name of Any Connected Organization or Affiliated C	ommittee				
L						
	Mailing Address					
		CITY▲ STATE ▲	ZIP CODE			
	Relationship					
	Type of Connected Organization:					
	Corporation	orporation w/o Capital Stock Labor Organiz	ation			
	Membership Organization Tr	ade Association Cooperative				

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Write or Type Committee Name			
TrueDem Leadership Fund			
 Custodian of Records: Identify possession of Committee boo 	v by name, address, (phone numb ks and records.	oer optional), and position of t	he person in
Full Name Steve Katio	ch		
Mailing Address	4546 Sulgrave Dr		
_	Toledo	ОН	43623 _
Title or Position ♥	CITY 🛦	STATE ▲	ZIP CODE A
Treasurer		Telephone number	
of Treasurer Steve Kation Mailing Address	4546 Sulgrave Dr		
_	Toledo	ОН	43623 _
Title or Position ♥	CITY A	STATE▲	ZIP CODE ▲
Treasurer		Telephone number 419	
Full Name of Designated Agent			
Mailing Address			
_			
Title or Position ♥	CITY A	STATE ▲	ZIP CODE A
		Telephone number	

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9.	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds account safety deposit boxes or maintains funds. Name of Bank, Depository, etc.				
		oledo Area Community Credit Union			
	Mailing Address	5121 Whiteford Rd			
		Sylvania OH 4	3560 ₋		

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$

CITY 🗷